



Qualifying Student Health Insurance Program (QSHIP)

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Effective September 1, 1989, the Massachusetts Law C.15A, s. 18 requires that every full-time and part-time student enrolled in an institution of higher learning in Massachusetts participate in a qualifying student health insurance program (QSHIP) or in a health benefit plan with comparable coverage. A part-time student is defined as a student participating in at least 75% of the full-time curriculum.

Prior to the 1989-1990 academic year, no law required students to have health insurance in order to enroll in higher education, nor was there a standard set of defined minimum benefits for college and university health insurance programs. Chapter 23 of the Acts of 1988 changed that. It created a new state agency, the Department of Medical Security, to administer a range of statutory programs to increase student access to care and to set minimum health benefits standards. In 1996, those responsibilities were transferred to the Division of Health Care Finance and Policy.

Since the passage of the law, the mandatory qualifying health insurance program covers clearly defined minimum benefits. Some of these benefits are:

- **Inpatient hospitalization** (excluding surgery): Covers 80% of the actual expenses up to a maximum of \$25,000.
- **Outpatient Services** (excluding surgery): Covers 80% of the actual expenses up to a maximum of \$1,500 per illness or accident.
- **Surgical Coverage**: Covers 80% of the actual expenses for surgery performed in inpatient or outpatient up to a maximum of \$5,000.

One of the primary reasons for mandatory health insurance is to reduce the utilization of the Uncompensated Care Pool (Free Care Pool) by students. The legislative intent of the Qualifying Student Health Insurance Program (QSHIP) is to promote students' access to quality health insurance.

As a result, full-time and part-time students are automatically billed for individual membership in the health insurance plan sponsored by their colleges or universities. **Students must purchase the school-sponsored health plan or show proof of comparable coverage in an alternate health plan in order to enroll in the college/university of their choice.**

If a student has a health plan with comparable coverage under his/her parent's insurance, the student can request a waiver from participating in the college-sponsored student health plan. The burden of the proof that the alternate insurance is adequate falls on the student who is

signing the waiver card.

Not all students who have alternate coverage get the services they need at the time and place they need it. Many students have insurance coverage through their parents. If the plan that the parent enrolled in is other than an indemnity plan, the student faces the possibility of being denied services if the particular managed care plan does not have a network of providers in the vicinity of the school. **Students and parents should be aware of this very important fact.**

If you have any questions regarding the student health insurance program, please contact the Division of Health Care Finance and Policy.

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1. What is the Student Health Insurance Program?

A. The student health insurance program is a government mandated health insurance plan that requires all institutions of higher learning in Massachusetts to provide health insurance for their students. The primary purpose of the program is to promote students access to quality health insurance. All full-time and part-time students enrolled in a college, university and other institution of higher learning in Massachusetts must participate in a school- sponsored health insurance plan or another alternate plan that has comparable coverage. The Division of Health Care Finance and Policy is the state agency that administers the student health insurance requirement.

2. Do I have to purchase health insurance in order to enroll in Massachusetts colleges and universities?

A. Yes. By law, all full-time and part-time students enrolling in an institution of higher education in Massachusetts are required to participate in the Qualifying Student Health Insurance Program (QSHIP) or in a health benefit program of comparable coverage.

3. I have no health insurance and would like to participate in the school insurance program. How do I go about getting it?

A. Your school will enclose an Enrollment/Waiver Form for student health insurance plan along with your acceptance information. If you choose to participate in the school sponsored program, put a check mark in the box next to: Yes: Enroll me in the School Student Health Insurance Plan.

If you did not complete the Enrollment/Waiver Form, the school will automatically enroll you in the health plan and include the cost of the insurance in your tuition bill. You will be enrolled in the plan unless you inform the school that you **do not wish to participate** in the school insurance program.

4. What should I expect from my student health insurance plan?

A. You should expect the student health insurance plan to include all benefits mandated by Massachusetts law. The student health insurance plan also has to meet the minimum standards set by law for qualified student health insurance program. The student health insurance coverage must include, at a minimum, inpatient hospitalization benefits, outpatient benefits, and surgical benefits (inpatient & outpatient). It should also include treatment for mental and substance abuse conditions, maternity benefits, and ambulance services in an emergency. (See 114.6 CMR 3.05 for details)

5. What is a pre-existing condition? Is pre-existing condition covered?

A. A pre-existing condition is any condition which originates, is diagnosed, treated or recommended for treatment within the six months prior to the insured effective date under the policy. By law, a pre-existing condition must be covered no later than six months from the coverage effective date.

6. What is comparable coverage?

A. Comparable coverage is an alternate insurance plan deemed comparable to the qualifying student health insurance plan. It must meet the following requirements:

The alternate health insurance plan should provide the student with reasonable and comprehensive coverage of inpatient and outpatient hospital services and physician services. The services covered under the alternate health plan must be accessible to Massachusetts and the student must have access to health services in the area where the school is located.

7. Is Free Care a comparable coverage? Will I be allowed to sign a waiver card because I have access to free care?

A. No, free care at a Massachusetts hospital or community health center is not a health insurance program as required by Massachusetts law. Free care pays for medically necessary services provided by hospitals and community health centers to low-income uninsured and underinsured people when there is no other source of payment available. (See Administrative Bulletin 00-01 for details). Therefore, free care is not comparable coverage, and no student can use free care as a substitute for the student health insurance plan and sign a waiver card.

8. Is MassHealth a comparable coverage? Will I be allowed to sign a waiver card because I have MassHealth?

A. Yes. MassHealth does qualify as a comparable coverage. It is an insurance program with basic benefits, which meets the minimum standards for student health insurance program as required by law. Therefore, any student who is already enrolled in MassHealth because he or she has already met the qualifying criteria of the MassHealth program may be allowed to sign a waiver card. (See Administrative Bulletin 00-01 for details).

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The 2004 - 2005 Enrollment/Waiver Form is available as a portable document format (PDF) file. This may be viewed on screen, downloaded or printed to your local printer. You will need the Adobe Acrobat Reader to view this file.

About the Adobe Acrobat Reader

To view the PDF files in your browser, your browser must support "plug-ins" and you must have the free "Adobe Acrobat Reader plug-in" installed in your browser's "plug-ins folder" or "plug-ins directory." If you do not have the correct Acrobat Reader plug-in for your system, you can obtain Acrobat Reader free from Adobe Systems, Inc. at <http://www.adobe.com>. Acrobat Reader can be configured as a "helper application" for browsers that do not support plug-ins; refer to your browser's user manual or "read.me" files for instructions.

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For further information regarding the student health insurance program, please contact the Division of Health Care Finance and Policy:

Two Boylston Street
Boston, MA 02116-4704

(617) 988-3100 Voice
(800) 888-2250 Toll free
(617) 988-3175 TTY

[email](#)

email: studenthealth.help@state.ma.us

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A

American International College
www.aic.edu

Amherst College
www.amherst.edu

Andover Newton Theological School
www.ants.edu

Anna Maria College
www.annamaria.edu

Aquinas College (web site under construction)

Art Institute of Boston
www.aiboston.edu

Arthur D. Little Management Ed. Institute
<http://www.adl.com>

Assumption College
www.assumption.edu

Atlantic Union College
www.atlantic.edu

B

Babson College
www.babson.edu

Bay Path College
www.baypath.edu

Bay State College
www.baystate.edu

Becker College
www.beckercollege.edu

Bentley College
www.bentley.edu

Berklee College of Music
www.berklee.edu

Berkshire Community College
www.cc.berkshire.org

Boston Architectural Center
www.the-bac.edu

Boston College

www.bc.edu

Boston Conservatory
www.bostonconservatory.edu

Boston University
www.bu.edu

Brandeis College
www.brandeis.edu

Bridgewater State College
www.bridgew.edu

Bristol Community College
www.bristol.mass.edu

Brockton College School of Nursing
www.brocktonhospital.com/son.html

Bunker Hill Community College
www.bhcc.ma.edu

C

Cambridge College
www.cambridge.edu

Cape Cod Community College
www.capecod.mass.edu

Clark College
www.clarku.edu

Conway School of Landscape Design
www.csld.edu

Curry College
www.curry.edu

D

Dean College
www.dean.edu

E

Eastern Nazarene College
www.enc.edu

Elms College
www.elms.edu

Emerson College
www.emerson.edu

Emmanuel College
www.emmanuel.edu

Endicott College
www.endicott.edu

Episcopal Divinity School
<http://www.episdivschool.edu/>

Essex Agricultural Technical School
www.agtech.org

F

Fisher College
www.fisher.edu

Fitchburg State College
www.fsc.edu

Forsyth School of Dental Hygiene
www.forsyth.org

Framingham State College
www.framingham.edu

Franklin Institute of Boston
www.fib.edu

Franklin W. Olin College of Engineering
www.olin.edu

G

Gordon College
www.gordon.edu

Gordon-Conwell Theological Seminary
www.gcts.edu

Greenfield Community College
www.gcc.mass.edu

H

Hampshire College
www.hampshire.edu

Harvard University
www.harvard.edu

Hebrew College
www.hebrewcollege.edu

Hellenic College
www.hchc.edu

Holy Cross College
www.holycross.edu

Holyoke Community College
www.hcc.mass.edu

I

J

K

Katherine Gibbs School
www.katharinegibbs.com

L

Laboure College
www.labourecollege.org

Lasell College
www.lasell.edu

Lesley College
www.lesley.edu

Longy School of Music
www.longy.edu

M

Marian Court College
www.mariancourt.edu

Massachusetts Bay Community College
www.mbcc.mass.edu

Massachusetts College of Art
www.massart.edu

Massachusetts College of Pharmacy and Allied Health Sciences
www.mcp.edu

Massachusetts College of Liberal Arts
www.mCLA.mass.edu

Massachusetts Institute of Technology
<http://web.mit.edu>

Massachusetts Maritime Academy
www.mma.mass.edu

Massachusetts School of Law
www.mslaw.edu

Massachusetts School of Professional Psychology
www.mspp.edu

Massasoit Community College
<http://www.massasoit.mass.edu/>

Merrimack College
www.merrimack.edu

MGH Institute of Health Professions

www.mgh.harvard.edu/

Middlesex Community College
www.middlesex.cc.ma.us

Montserrat College of Art
www.montserrat.edu

Mount Holyoke College
www.mtholyoke.edu

Mount Ida
www.mountida.edu

Mount Wachusett Community College
www.mwcc.mass.edu

N

New England College of Finance
www.finance.edu

New England College of Optometry
www.nc-optometry.edu

New England Conservatory of Music
www.newenglandconservatory.edu

New England School of Law
www.nesl.edu

Newbury College
www.newbury.edu

Nichols College
www.nichols.edu

North Adams State College (Massachusetts College of Liberal Arts)
www.mccla.mass.edu

North Shore Community College
www.nscc.cc.ma.us

Northeastern University
www.northeastern.edu

Northern Essex Community College
www.necc.mass.edu

O

Franklin W. Olin College of Engineering
www.olin.edu

P

Pine Manor College
www.pmc.edu

Pope John XXIII National Seminary
<http://www.ziplink.net/~popejohn/index.html>

Q

Quincy College (web site under construction)
www.quincycollege.com

Quinsigamond Community College
www.qcc.mass.edu

R

Regis College
www.regiscollege.edu

Roxbury Community College
www.rcc.mass.edu

S

Salem State College
www.salemstate.edu/

School of Museum of Fine Arts
www.smfa.edu

Simmons College
www.simmons.edu

Simon's Rock of Bard College
www.simons-rock.edu

Smith College
www.smith.edu

Smith College for Social Work
www.smith.edu/ssw

Southern New England School of Law
www.snesl.edu

Springfield College
www.spfldcol.edu

Springfield Technical Community College
www.stcc.mass.edu

St. John's Seminary College (web site unavailable)

Stonehill College
www.stonehill.edu

Suffolk University
www.suffolk.edu

T

Tufts University

www.tufts.edu

U

University of Massachusetts (Amherst)
www.umass.edu

University of Massachusetts (Boston)
www.umb.edu

University of Massachusetts (Dartmouth)
www.umassd.edu

University of Massachusetts (Lowell)
www.uml.edu

University of Massachusetts Medical Center (Worcester)
www.ummed.edu

V

W

Wellesley College
www.wellesley.edu

Wentworth Institute of Technology
www.wit.edu

Western New England College
www.wnec.edu

Westfield State College
www.wsc.mass.edu

Weston School of Theology
www.wjst.edu

Wheaton College
www.wheaton.edu

Wheelock College
www.wheelock.edu

Williams College
www.williams.edu

Woods Hole Ocean Institute
www.whoi.edu

Worcester Polytechnic Institute
www.wpi.edu

Worcester State College
www.worcester.edu/

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Z

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July 22, 1999

Administrative Bulletin 00-01
Clarification of the use of "Free Care cards" under 114.6 CMR 3.00

The purpose of this Administrative Bulletin is to clarify the requirements of the Division's regulation 114.6 CMR 3.00: Student Health Insurance Program. The regulation requires that all full-time and part-time students enrolled in an institution of higher education participate in a qualifying student health insurance program or in a health benefit program of comparable coverage (114.6 CMR 3.03(1)). Likewise, the regulation also provides that every institution of higher education must require all full-time and part-time students enrolled in the institution to participate in a qualifying student health insurance program or in a health benefit plan with comparable coverage (114.6 CMR 3.03(2)).

This is to notify you that a student's enrollment in "free care" at a Massachusetts hospital or community health center is not a "health benefit program of comparable coverage" as required by 114.6 CMR 3.00. The Uncompensated Care Pool- which is commonly known as "free care" and is administered by the Division of Health Care Finance and Policy- pays for medically necessary services provided by acute care hospitals and community health centers to low-income uninsured and underinsured people when there is no other source of payment available. Free care does not cover the cost of services billed by independent groups; such as private physicians, independent lab fees, and specialty care groups. The Pool is an essential component of the Commonwealth's health care safety net, helping to ensure access to needed health care services for people with no other source of health care coverage.

The Uncompensated Care Pool is not a health insurance program, but a safety net, only helping to pay for a person's medical expenses to the extent that he or she is ineligible for other programs. The Student Health Insurance Program was created to ensure access to health insurance for students. Because students are eligible for health insurance through this program, students may only apply for free care to pay for deductibles, balances after insurance, and medically necessary services that may not be covered by a student's health insurance policy.

Some providers have chosen to issue cards as a convenience for their free care patients. These free care cards are not insurance cards, and are not acceptable proof of comparable coverage.

In addition, Boston Medical Center and the Cambridge Health Alliance have each created managed care programs that are comprised of two different plans: a Medicaid (MassHealth) plan and a free care plan. The differences between the plans are relatively transparent to patients, although not to providers. As a government health insurance program, MassHealth does qualify as a "health benefit program of comparable coverage" as required by 114.6 CMR 3.00. Therefore, students who are enrolled in MassHealth because of disability or other qualifying characteristics may waive participation in the school's health insurance program. The free care plan, however, does not, for the reasons explained above. Free care members of the Boston Medical Center HealthNet Plan have a gray plastic card. Free care members of the Cambridge Health Alliance Network Health plan have a red and white card labeled "Network Health." These are free care cards, not insurance cards, and are not acceptable proof of comparable coverage.

Please contact the Division at 617-988-3100 if you have any questions.

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January 26, 2001

ADMINISTRATIVE BULLETIN 01-02
The Application of the New Mental Health Parity to the Student

Health Insurance Program under 114.6 CMR 3.00

The purpose of this Informational Bulletin is to summarize the New Mental Health Parity Legislation, c.80 of the Acts of 2000 as it applies to the Student Health Insurance Plan.

As of the school year beginning August or September 2001, the student health insurance plans shall comply with the provisions of G.L. cc. 175, 176A, 176B and 176G as amended by c.80 the Acts of 2000. The Student Health Insurance Plans are required to provide the following benefits on a non-discriminatory basis.

1. For all students, the diagnosis and treatment of the nine "biologically based" mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual (DSM). 1.[St. 2000, c. 80, ss. 2, 4, 6, and 10]
2. For all students, the diagnosis and treatment of rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to commit rape. [St. 2000, c. 80, ss. 2, 4, 6 and 10]
3. The diagnosis and treatment of non-biologically-based mental, behavioral or emotional disorders described in the DSM that substantially interfere with or substantially limit the functioning of a student under the age of 19, provided that said interference or limitation is documented by a physician, pediatrician, or other licensed mental health professional.[St. 2000, c. 80, ss. 2, 4, 6 and 10]

Pursuant to Bulletin No. 00-06 issued by the Commissioners of the Division of Insurance (DOI) and the Department of Mental Health (DMH) on July 20, 2000, mental health services for the categories above shall be treated as medical benefits and shall be covered to the same extent as all other medical services.

Furthermore, the law "mandates a minimum benefit of 60 days of inpatient treatment and a minimum benefit of 24 outpatient visits in a 12-month period for the medically necessary diagnosis and treatment of all other mental disorders described in the most recent edition of the DSM - http://www.state.ma.us/doi/Bulletins/Bulletins_00_06.html

Therefore, a qualifying student health plan must include at a minimum the following benefits and benefit levels for mental health services:

1. All benefits and services which a carrier is required by its licensing or enabling statute to include in its health benefit plan, and
2. Inpatient hospitalization coverage including:
 - (a) Room and Board: the benefit shall cover expenses incurred at eighty percent (80%) of covered charges for each illness.
 - (b) Hospital Services: the benefit shall cover expenses incurred at eighty percent (80%) of covered charges for each illness.
 - (c) Physician fees: the benefit shall cover expenses incurred at eighty percent (80%) of covered charges for each illness.
3. The maximum aggregate indemnity to be paid under a qualifying student health insurance program for all benefits for each mental illness may not be less than \$25,000.
4. Outpatient Coverage: The outpatient benefit for mental health services shall include expenses incurred in a hospital, a community mental health center, a professional office, and home-based services at eighty percent (80%) of charges up to the maximum benefit for any physical condition allowed under the policy, but in no case less than \$1,500 for each mental illness. These include: expenses incurred for services by a licensed mental health professionals: a physician licensed to practice psychiatry, psychologist, independent clinical social worker, mental health counselor, and mental health clinical specialist nurse.

Carriers must comply with the provisions of this bulletin for the policy period beginning in the fall of 2001.

No provisions contained in AB 01-02 shall be construed as reversing or superseding any provisions contained in other administrative bulletins issued by the Division of Health Care Finance and Policy (DHCFP) or the Division of Insurance (DOI).

If you have any questions regarding the student health insurance program, please call the **Division of Health Care Finance and Policy**. The number to call is **(617) 988-3100 or 1 (800) 888-2250**.

Biologically-based Mental Disorders

1. Schizophrenia
2. Schizoaffective disorder
3. Major depressive disorder
4. Bipolar disorder
5. Paranoia and other psychotic disorders
6. Obsessive-compulsive disorder

- 7. Panic disorder
- 8. Delirium and dementia
- 9. Affective disorders

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April 2, 2003

INCLUSION OF CONTRACEPTIVE BENEFITS IN QUALIFYING STUDENT HEALTH INSURANCE PLANS

Pursuant to the chapter 49 of the Acts of 2002, any health benefit plan issued to a student in the Commonwealth that is licensed under Massachusetts General Laws c. 175, c. 176A, c. 176B, or c. 176G, that provides benefits for outpatient services, shall also provide outpatient contraceptive services to its insureds. "Outpatient contraceptive services" shall mean consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of all contraceptive methods to prevent pregnancy that have been approved by the United States Food and Drug Administration.

Such outpatient contraceptive services must be covered under the same terms and conditions as all other outpatient services.

Please also refer to the Commonwealth's Division of Insurance Internet web site, <http://www.state.ma.us/doi>, Administrative Bulletin No. 02-09.

Further, though health benefit plans issued to students in the Commonwealth need not offer prescription drug coverage, any plan licensed pursuant to G.L. c. 175, c. 176A, c. 176B and c. 176G issued to a Massachusetts student that does, in fact, offer outpatient prescription drug benefits, shall also offer coverage of outpatient prescription contraceptive drugs or devices which have been approved by the United States Food and Drug Administration. Such drugs or devices must be covered under the same terms and conditions as all other prescription drugs or devices.

Any qualifying health insurance program licensed under these chapters must arrange for coverage of such outpatient contraceptive services, drugs and devices by no later than January 1, 2003.

These requirements shall apply to all student health plans in the Commonwealth licensed under these chapters, unless the plan is purchased by a qualified church-controlled organization, as that term is defined in 26 United States Code, section 3121(w)(3)(A) and (B).

Memorandum:**Insurance Coverage by carriers outside the U.S. and foreign National Health Service**

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To: School Administrators

From: Division of Health Care Finance and Policy

Date: August 4, 2000

RE: 114.6 CMR 3.04(3) (c)- Insurance coverage by carriers outside the U.S. and foreign National Health Service.

These past two months, the Division of Health Care Finance and Policy has received numerous telephone calls and letters requesting us to clarify the language in our student insurance program regulation 114.6 CMR 3.04 (3) (c), [the section that deals with insurance carriers outside the U.S.].

Many of you have told us that the section is confusing. At best, some of you have interpreted it to mean that all international students must purchase the QSHIP even though many of the various insurance policies these foreign students carry are comparable and acceptable in the U.S. A few of you have asked the Division for authorization to waive all foreign students with insurance from purchasing the Qualifying Student Health Insurance Plan (QSHIP). Several of you have protested that the regulation requiring international students to buy additional insurance is unfair when the foreign insurance they carry is comparable. We even have received inquiries from irate parents asking us to explain the new regulation that requires all foreign students to purchase Massachusetts insurance.

All of us now can agree that there certainly is a misunderstanding regarding the meaning and intent of this particular section of the regulation. The purpose of this memo is to clear up the confusion. To start with, the key issue of this particular section is that the services covered under the health benefit of foreign plans are reasonably accessible to the international students in the area where the students attend school.

To help you understand better how the changes in the language in the current regulation came about, we will walk you through the stages of the development. The original language in the regulation before the new changes took effect was as follows:

"Coverage by insurance carriers outside the U.S. and coverage by foreign National Health Service programs *may be deemed to be* not *comparable* to coverage under a qualifying student health insurance program." 114.6 CMR3.04 (1)

During the open forum the Division of Health Care Finance and Policy held in 1999, many issues were raised regarding this section. Most people felt that it is very difficult to determine if the foreign coverage is comparable. Even though the regulation gave each institution the discretion whether or not to approve a waiver, the participants felt that they were not comfortable requiring foreign students to purchase the QSHIP. The language as written was weak and did not give schools the mandate to demand all foreign students to purchase the QSHIP.

As a result of these concerns, the Division acquiesced to the demand of the group and proposed a change in the regulation. The language as proposed on December 1999 was as follows:

"Coverage by insurance carriers outside the U.S. and coverage by foreign National Health Service programs are deemed to be not comparable to coverage under a qualifying student health insurance program. Students with insurance coverage from countries other than the U.S.A. must participate in the Qualifying Student Health Insurance Program." 114.6 CMR3.04 (1)

The proposed section was written to mandate all foreign students to purchase the QSHIP without any exceptions. However, the Division heard testimonies against this proposed language at the public hearing on January 2000.

Some testified that colleges should be given the flexibility in waiving foreign students covered under the Embassy-sponsored health plan. Others said that there should be an exception to the law for certain groups of foreign students that come under a specialized program, which requires comprehensive insurance plan and billable in U.S. Basically, what the Division heard at the public hearing was that the Division's goal of mandating coverage for international students was supported. But institutions should also be given the ability to use their discretion whether or not to require international student to purchase the QSHIP or to grant them a waiver. Hence, the adopted language is as follows:

"Coverage by insurance carriers outside the U.S. and coverage by foreign National Health Service programs are deemed not to be comparable to coverage under a qualifying student health insurance program. Students with foreign health coverage, other than students who are enrolled in a program requiring health insurance, and students whose coverage is embassy-sponsored that provides comparable coverage, must participate in the Qualifying Student Health Insurance Program." 114.6 CMR 3.04 (3) (c).

To reiterate, according to the Division's interpretation of this section, each institution can make independent decisions whether or not to accept foreign based insurance. For instance, any school which has some kind of formal arrangements with overseas universities, where students are covered by required health insurance programs from their home countries, and the school knows that the insurance is acceptable in Massachusetts, has the discretion to grant a waiver to this group of students.

The Division hopes that this memorandum helps clarify the issues regarding foreign students' health insurance coverage. If you have any question please do not hesitate to get in touch with Ms. Karen DiGiammarino at the Division of Health Care Finance and Policy. She can be accessed at (617) 988-3106 or at 1-800-888-2250.

Regulation 114.6 CMR 3.00: Student Health Insurance Program

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114.6 CMR 3.00: STUDENT HEALTH INSURANCE PROGRAM

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- 3.04: Waiver of Participation in Qualifying Student Health Insurance Program
- 3.05: Elements of Qualifying Student Health Insurance Program
- 3.06: Premium Refunds
- 3.07: Appeals
- 3.08: Recordkeeping
- 3.09: Reporting
- 3.10: Oversight and Enforcement
- 3.11: Sanctions
- 3.12: Administrative Bulletins
- 3.13: Severability

3.01: Authority

114.6 CMR 3.00 is promulgated in accordance with the authority granted to the Division of Health Care Finance and Policy by M.G.L. c. 15A, § 18 and St. 1996, c. 151, § 597.

3.02: Definitions

The following terms as used in 114.6 CMR 3.00 have the following meanings, except where the context clearly indicates otherwise:

Carrier - An insurer licensed or otherwise authorized to transact accident and health insurance under M.G.L. c. 175; a non-profit hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; or an insured health benefit plan that includes a preferred provider plan approved under M.G.L. c. 176I.

Covered charges - The expenses which a carrier deems eligible for reimbursement under a health benefit plan.

Division - The Division of Health Care Finance and Policy established under M.G.L. c. 118G.

Free Care - Unpaid hospital or community health center charges for medically necessary services which are eligible for reimbursement from the Uncompensated Care Pool established at M.G.L. c.118G, s.18, and pursuant to the criteria set forth in 114.6 CMR 10.03. Types of free care include full free care, medical hardship, and emergency bad debt.

Full-time student - A student who meets the minimum academic requirements for full-time students as defined by the institution of higher education in which the student is enrolled.

Health benefit plan - Any health insurance program or other program through which an individual may obtain health benefits and services.

Independent institution of higher education - An institution of higher education maintained or conducted by any person, association, partnership, corporation or trust which furnishes or offers to furnish courses leading to an academic degree.

Institution of higher education - A public or independent institution of higher education located in Massachusetts.

Managed care program - A managed health benefit plan offered by a health maintenance organization organized under M.G.L. c. 176G, or an insured benefit plan that includes a preferred provider plan approved under M.G.L. c. 176I. "Managed care program" may also refer to an on-campus student health center.

MassHealth - A Medicaid program administered by the Division of Medical Assistance pursuant to M.G.L c. 118E and in accordance with Title XIX of the Federal Social Security Act, and Section 1115 Demonstration Waiver.

Mental Illness - (A) nine "biologically based" mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual (DSM), (B) rape-related mental disorders for victims of a rape or victims of assault with intent to commit rape; (C) a non-biologically-based mental, behavioral disorders described in the DSM that substantially interfere with or substantially limit the functioning of a student under the age of 19; (D) any biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Commissioner of Department of Mental Health (DMH) in consultation with the Commissioner of the Division of Insurance(DOI), (E) all other mental disorders described in the most recent edition of the DSM.

Mental Health Professional - A Physician licensed to practice psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed mental health clinical specialist nurse.

Part-time student - A student who participates in at least 75% of the academic requirements for full-time students;

Pre-existing Condition - Any condition, which originates, is diagnosed, treated, or recommended, for treatment within six months immediately prior to the insured effective date under the insurance policy.

Public institution of higher education - An institution of higher education listed in M.G.L. c. 15A, § 5, including for purposes of 114.6 CMR 3.00 Quincy College;

School year - The 365-day period commencing on the first day of the fall semester at each institution of higher education;

Student - A full-time or part-time student enrolled in a degree-granting program at an institution of higher education.

3.03: Mandatory Health Insurance Coverage

(1) Students. Effective September 1, 1989, every full-time and part-time student enrolled in a certificate-, diploma-, or degree-granting program of higher education must participate in a qualifying student health insurance program or in a health benefit plan with comparable coverage.

(2) Institutions of Higher Education: Effective September 1, 1989, every institution of higher education must require all full-time and part-time students enrolled in a certificate-, diploma-, or degree-granting program to participate in a qualifying student health insurance program or in a health benefit plan with comparable coverage

3.04: Waiver of Participation in Qualifying Student Health Insurance Program

(1) Election of Waiver of Participation: An institution of higher education may elect to allow full-time and part-time students to waive participation in a qualifying student health insurance program. The institution must require students waiving participation to certify in writing at least annually, as part of the institution's usual registration process, that they are participating in a health benefit plan with comparable coverage.

(2) Written Waiver Request: An institution of higher education electing to allow students to waive participation in a qualifying student health insurance program must obtain from each student a written waiver request. The waiver request must be on a form supplied by the institution. The waiver request must contain, at a minimum, the following information:

- (a) the name of the entity offering the health benefit plan;
- (b) the policy or other number used to identify the student's participation in the health benefit plan;
- (c) the subscriber or primary enrollee in the health benefit plan and the relationship of that person to the student;
- (d) a statement certifying that:

- 1. the student is currently participating and will continue to participate throughout the school year in a health benefit plan other than the qualifying student health insurance program;
- 2. the coverage under the health benefit plan is comparable to coverage under a qualifying student health insurance program in accordance with 114.6 CMR 3.04 (3)(a).
- 3. the student understands that once a waiver request is submitted, the student will be responsible for his/her medical expenses, and neither the institution of higher education nor the qualifying student health insurance program will be responsible for those expenses.

(e) a signature of the student and the student's parent or guardian if the student is a minor.

(3) Comparable Coverage:

(a) It is the responsibility of the student seeking to waive participation in a qualifying student health insurance program -- not the institution of higher education in which the student is enrolled -- to determine whether the student's health benefit plan has coverage comparable to the coverage under a qualifying student health insurance program. To be comparable, the coverage provided under the student's health benefit plan is not required to satisfy or otherwise conform to each of the specific requirements set forth in 114.6 CMR 3.05. Instead a student may consider coverage to be comparable where:

1. the health benefit plan provides to the student throughout the school year reasonably comprehensive coverage of hospital (inpatient and outpatient) and physician services;

2. The services covered under the health benefit plan are reasonably accessible to the student in the area where the student attends school.

(b) Upon receipt of a waiver request, an institution of higher education has no affirmative obligation to compare coverage of the two plans or otherwise to inquire into the accuracy of the student's statements in the waiver requests. If an institution of higher education relies in good faith on the statements by a student

in a waiver request, the institution is not be liable for any penalty or for any failure to comply with a provision of 114.6 CMR 3.00 caused by any misstatement by the student. An institution of higher education must not accept a student's waiver request, however, if it knows that the student's statement is inaccurate. If an institution of higher education does not accept a student's waiver request, the student must participate in a qualifying student health insurance program.

(c) Coverage by insurance carriers outside the U.S. and coverage by foreign national health service programs are deemed not to be comparable to coverage under a qualifying student health insurance program. Students with foreign health coverage, other than students who are enrolled in a program requiring health insurance, and students whose coverage is embassy-sponsored that provides comparable coverage, must participate in the Qualifying Student Health Insurance Program.

(d) Coverage under MassHealth as defined in 114.6 CMR 3.02, does qualify as a health benefit program of comparable coverage pursuant to 114.6 CMR 3.05. Students who are enrolled in MassHealth because of disability or other qualifying characteristics may waive participation in the school's health insurance program.

(e) The Uncompensated Care Pool which is commonly known as "free care" is not a health insurance program and does not qualify as a health benefit program of comparable coverage pursuant to 114.6 CMR 3.05. Free care pays for medically necessary services provided by

acute care hospitals and community health centers to low income uninsured and underinsured people when there is no other source of payment available.

3.05: Elements of a Qualifying Student Health Insurance Program

(1) Benefits and Benefits Level. A qualifying student health insurance program must contain, at a minimum, the following benefits and benefit levels:

(a) all benefits and services which a carrier is required by its licensing or enabling statute to include in its health benefit plan;

(b) Inpatient hospitalization coverage (excluding surgery), including mental illness except as noted below at 114.6 CMR 3.05 (1)(g).

1. Room and Board -- coverage of expenses incurred in a semi-private room or intensive care unit at 80% of covered charges for each illness or accident;

2. Hospital services -- coverage of expenses incurred at 80% of covered charges for each illness or accident;

3. Physician fees -- coverage of expenses incurred at 80% of covered charges for each illness or accident;

4. Mental Health Professional Fees—coverage of expenses incurred at 80% of covered charges for each illness.

(c) Outpatient coverage (excluding surgery) including mental illness except as noted below at 114.6 CMR 3.05 (1)(g).

Basic benefits - coverage of expenses incurred in a physician's office, mental health professional's office, a community mental health center, home based services for mental illness, hospital outpatient department or emergency room, clinical lab, radiological facility or other similar facility licensed by Massachusetts, at 80% of covered charges up to a maximum benefit of \$ 1,500 for each illness or accident.

2. Co-payments or deductibles may be charged for each such visit, not to exceed the amounts listed in the following schedule:

a. hospital emergency room visit that does not result in an admission -- \$100.

b. hospital emergency rooms visit upon a referral by a licensed physician that does not result in an admission -- \$50.

c. hospital outpatient department visits -- \$50.

d. physician's office visits -- \$25.

3. High cost procedures -- in addition to the coverage in 114.6 CMR 3.05(1)(c) 1, for specific outpatient procedures costing over \$200 (including but not limited to C.A.T. scan, magnetic resonance imaging, laser treatments), coverage at 80% of covered charges up to a maximum benefit of \$ 2,000 for each illness or accident;

(d) surgical coverage - coverage of expenses incurred for surgery performed on an inpatient or outpatient basis at 80% of covered charges up to a maximum benefit of \$5,000 for each surgical procedure, plus coverage of anesthetist or assistant surgeon services up to 30% of the amount reimbursed under the surgical coverage;

(e) ambulance coverage, including coverage of expenses incurred for use of a community or hospital ambulance in an emergency, subject to a \$25 deductible, up to a maximum benefit of \$ 125 per illness or accident;

(f) services provided by chiropractors registered pursuant to M.G.L. c. 112, § 94, subject to the review and recommendation of the chiropractic consultant provided by the Massachusetts Chiropractor Society Peer Review Committee, if such a review is requested. These services are subject to the aggregate maximum benefit set forth in 114.6 CMR 3.05(1)(c) 1 and 114.6 CMR 3.05(1)(c) 2.

(g) Coverage for any other mental illness not described above shall contain a minimum benefit of 60 days of inpatient treatment and a minimum benefit of 24 outpatient visits in a 12-month period as required by c.80 of St.2000.

(2) Maximum Aggregate Indemnity. The maximum aggregate indemnity to be paid under a qualifying student health insurance program for all benefits for each physical or mental illness or accident may not be less than \$ 25,000.

(3) Exclusions and Limitations.

(a) A qualifying student health insurance program may be subject to reasonable exclusions or limitations commonly used in the student health insurance industry, such as the exclusion of routine preventive care, except where mandated by law, and the exclusion of hospital or medical charges which are reimbursable by any other valid and collectible hospital medical insurance plan. However, any charges in excess of the limits of such other hospital medical insurance plan must be reimbursed as otherwise provided in the qualifying student health insurance program.

(b) A qualifying student health insurance program may limit benefits otherwise required, including increasing or decreasing deductibles and co-payments, to the extent that benefits are provided and paid for by or through a managed care program. This section does not apply to emergencies.

(c) A qualifying student health insurance program may exclude hospital or medical care resulting from participation in intercollegiate athletics provided that such care is covered under another health insurance program with equal or greater coverage.

(d) A qualifying student health insurance program may not exclude or limit coverage, except as authorized in 114.6 CMR 3.00, of any full-time or part-time student who is away from campus for any reason.

(4) Miscellaneous Provisions.

(a) A qualifying student health insurance program may define the benefit levels prescribed in 114.6 CMR 3.05(1), (2), and (3) either as benefit levels per policy year or as benefit levels per 52-week period from the onset of illness or accident. The benefit levels are not lifetime maximums.

(b) A qualifying student health insurance program may define benefit levels on a basis other than "each illness or accident" so long as the level of covered benefits is the actuarial equivalent of the benefits levels prescribed in 114.6 CMR 3.05(1), (2), and (3).

(c) A qualifying student health insurance program shall include services delivered in accordance with the healing practices of Christian Science.

(d) Institutions of higher education may offer to their students' policies of health insurance containing benefits and benefit levels in

addition to those set forth in 114.6 CMR 3.05. In designing student health insurance programs, institutions of higher education may take into consideration the following factors: the type and nature of the student body; the size of the campus; the location of the campus; the extent of on-campus health services; the ability of individual students to purchase health benefit plans; and the ability of the institution to join with other institutions of higher education for the purpose of securing savings through collective bidding for qualifying student health insurance programs.

- (e) Institutions of higher education may provide on-campus health services by subcontracting for outside services.
- (f) Pre-existing conditions shall be covered on the same terms as any other illness or accident beginning not later than six months after the policy commencement date, as required at G.L. c. 176N, s. 2(b).

3.06 Premium Refunds

Each student health plan shall specify in writing its policy regarding premium refunds and partial year student enrollment.

3.07 Appeals

Each student health plan shall specify in writing its policy regarding denial of payments for rendered services and for denial of referrals for requested services.

3.08: Recordkeeping

All institutions of higher education must maintain records sufficient to demonstrate compliance with 114.6 CMR 3.00. These records must include, at a minimum: a copy of the health benefit plan offered to students as the qualifying student health insurance program; all informational materials developed by or for the institution to describe the qualifying student health insurance program; the student's obligations to participate in such program; and all written waiver requests submitted pursuant to 114.6 CMR 3.04. Such records must be maintained for at least three years.

3.09: Reporting

- (1) By November 1 of each year, each institution of higher education must report to the Division the following information for that school year:
 - (a) the name of the carrier underwriting its qualifying student health insurance program;
 - (b) the premium cost per student per year for the qualifying student health insurance program;
 - (c) any other health-related charges or fees assessed to students;
 - (d) a description of the benefits, benefit levels, exclusions, limitations, and other important terms and conditions of the institution's qualifying student health insurance program;
 - (e) the total number of full-time and part-time students enrolled in the institution who are required to participate in the qualifying student health insurance program or in a health benefit plan with comparable coverage;
 - (f) of the total number reported in 114.6 CMR 3.09(1)(e), the number who have waived participation in the qualifying student health insurance program pursuant to 114.6 CMR 3.04.
- (2) By March 1 of each year, each institution of higher education must update the information reported pursuant to 114.6 CMR 3.09(1) to reflect any changes that have occurred.
- (3) Each institution of higher education shall provide to the Division such additional information, data and materials as the Division may request from time to time in connection with implementation of 114.6 CMR 3.00.

3.10: Oversight and Enforcement

- (1) Investigation, Review and Audit Procedures. The Division may periodically investigate, review or audit the efforts of an institution of higher education in compliance with 114.6 CMR 3.00. An institution of higher education must make available to the Division for inspection and copying, at reasonable times during the normal business day, all records required to be maintained by the institution under 114.6 CMR 3.08 and other such records, information and data that the Division deems pertinent. Upon or soon after the completion of its investigation, review or audit, the Division must confer with the institution of higher education to describe the investigation, review or audit process itself, to discuss any conclusions and recommendations under consideration by the Division and to offer or obtain additional pertinent information. Upon completion of its written report, the Division must forward a copy to the institution of higher education.
- (2) Enforcement Process. If the Division determines, after investigation, review or audit, that an institution of higher education has failed to comply with 114.6 CMR 3.00 and that a sanction authorized under 114.6 CMR 3.11 should be imposed, the Division must issue a Notice of Action. The Notice of Action must specify the facts relied upon in making this determination, cite any statute or regulation which authorizes the Division to take the action, and inform the institution of its right to an adjudicatory hearing. An adjudicatory hearing under 114.6 CMR 3.00 is governed by the rules of practice and procedure set forth in 801 CMR 1.01 and 1.03.

3.11: Sanctions

Each institution of higher education which fails to meet its obligations under 114.6 CMR 3.03, 3.04 or 3.05, must pay a penalty of at least \$35 or \$5 for each student, whichever is greater, for every day the failure continues.

3.12: Administrative Bulletins

The Division may periodically issue administrative bulletins containing interpretations of 114.6 CMR 3.00 and other information to assist institutions of higher education to meet their obligations under 114.6 CMR 3.00.

3.13: Severability

If any section or portion of section of 114.6 CMR 3.00, or the applicability thereof to any person or circumstance, is held invalid by any court of competent jurisdiction, the remainder of 114.6 CMR 3.00, or the applicability thereof to other persons or circumstances, will not be affected thereby.

REGULATORY AUTHORITY

114.6 CMR 3.00: M.G.L. c. 15A, § 18; St. 1996, c. 151, § 597.

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